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CONFIRMATION NO. 1961

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|--|---|-------------------------------|---|--|--------------------------------|
| SERIAL NUMBER 10/707,962 | FILING OR 371(c) DATE 01/28/2004 RULE | CLASS 430 | GROUP ART UNIT 1756 | ATTORNEY DOCKET NO. FIS920030378 | |
| APPLICANTS Lars W. Liebmann, Poughquag, NY; Zachary Baum, Gardiner, NY; | | | | | |
| ** CONTINUING DATA ***** NONE <i>AR</i> | | | | | |
| ** FOREIGN APPLICATIONS ***** NONE <i>AR</i> | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/19/2004 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | STATE OR COUNTRY NY | SHEETS DRAWING 7 | TOTAL CLAIMS 34 | INDEPENDENT CLAIMS 7 |
| Verified and Acknowledged Examiner's Signature <i>AR</i> Initials | | | | | |
| ADDRESS 29505 | | | | | |
| TITLE ALTERNATING PHASE SHIFT MASK DESIGN FOR HIGH PERFORMANCE CIRCUITRY | | | | | |
| FILING FEE RECEIVED 1366 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |